

**PURCHASE TRANSFER FORM**

**Please use CAPITAL LETTERS when filling this form**

FOR THE CONSIDERATION stated below the “Transferee” / “Buyer” whose name is indicated below agrees to accept and hold the units specified below from the “Transferor” / “Seller” named in the attached “Sale transfer Form”, subject to the conditions on which the units are now held		
Full name of company		Customer Number
KWFT CSOP TRUST		
<b>(NUMBER OF UNITS)</b>	<b>FIGURES</b>	<b>WORDS</b>
<b>TRANSFER TO TRANSFEREE / BUYER</b> Name and address in full and Telephone number		
<b>CONSIDERATION</b>		

SIGNED and DELIVERED by ..... day of  
..... Two thousand and .....

In the presence of

**FULL NAME** .....

**SIGNATURE** .....

**OF WITNESS** .....

**Address** .....

Description .....

.....  
**Transferee’s Signature**  
ID NO .....

**Received and  
Verified By:** .....

(Branch Manager / Unit Manager)

.....  
(Branch Name)

.....  
(Signature and Stamp)

NCBA INVESTMENT BANK  
P.O BOX 44599 – 00100  
NAIROBI

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**A HUSBAND SHOULD NOT WITNESS HIS WIFE’S SIGNATURE NOR SHOULD SHE WITNESS HIS**